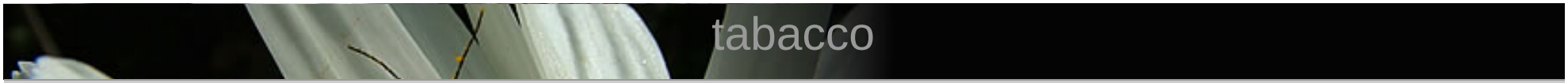

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Iatrogenic Deaths: America's Dark Secret - Leading Cause of Death In USA, Not Auto, Heart Or Cancer - RI10

« H E » Tabacco :: email

posted Saturday, 13 January 2007

Iatrogenic Deaths:

America's Dark Secret - Leading Cause of Death In USA, Not Auto, Heart

Or Cancer

- RI10

Tabacco: Are you afraid of doctors and hospitals? No? Well, maybe you should be. Those of us, who are afraid or will admit to that fear, may not be so irrational after all. Read on!

Iatrogenesis

From Wikipedia, the free encyclopedia

Ancient Greek painting in a vase,

showing a physician (iatros)

bleeding a patient.

Tabacco: Maybe modern-day Medicine hasn't advanced as far as we think it has. Bring on the leeches!

Iatrogenesis literally means "brought forth by a healer" (iatros means healer in Greek); as such, it can refer to good or bad effects, but it is almost exclusively used to refer to a state of ill health or adverse effect or complication caused by or resulting from misguided medical treatment. From a sociological point of view there are three types of Iatrogenesis: clinical Iatrogenesis, social Iatrogenesis, and cultural Iatrogenesis. While Iatrogenesis is most often used to refer to the harmful consequences of actions by physicians, it can equally be the result of actions by other medical professionals, such as psychologists, therapists, pharmacists, nurses, dentists. etc. Further, iatrogenic illness or death is not restricted to Western medicine: alternative medicine (sometimes referred to as complementary medicine) may be considered an equal source of Iatrogenesis for the same reasons.

http://en.wikipedia.org/wiki/Iatrogenesis

i·at·ro·gen·ic (-tr-jnk)

adj.

Induced in a patient by a physician's activity, manner, or therapy.

http://medical-dictionary.thefreedictionary.com/iatrogenic

: induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures *an iatrogenic rash*

Merriam-Webster’s 11th Collegiate Dictionary

Iatrogenic

Iatrogenic is defined as disease caused by medical examination or treatment. This includes disease, illness, or death from Drug Reactions, Vaccines, irresponsibly prescribed drugs such as Ritalin, et al, turning a blind eye to the dangers of such approved (and deadly) chemicals as Aspartame, ignoring many societal caused maladies (everything from EMF Dangers to Computer Game Problems), disregarding negative effects of Mental Health on individual’s general welfare, and mistakes, errors, omissions, and blunders by hospitals, medical doctors, nurses, and other individuals in the mainstream medical establishment.

http://www.halexandria.org/dward048.htm

The American Medical System

Is The Leading Cause Of Death And Injury In The United States

By Gary Null PhD, Carolyn Dean MD ND, Martin Feldman MD, Debora Rasio MD, Dorothy Smith PhD

A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million. (1) Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics. (2, 2a)

The number of unnecessary medical and surgical procedures performed annually is 7.5 million. (3) The number of people exposed to unnecessary hospitalization annually is 8.9 million. (4) The total number of iatrogenic [induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures] deaths is 783,936.

The 2001 heart disease annual death rate is 699,697; the annual cancer death rate is 553,251. (5)

It is evident that the American medical system is the leading cause of death and injury in the United States.

Introduction

Never before have the complete statistics on the multiple causes of Iatrogenesis been combined in one paper. Medical science amasses tens of thousands of papers annually—each one a tiny fragment of the whole picture. To look at only one piece and try to understand the benefits and risks is to stand one inch away from an elephant and describe everything about it. You have to pull back to reveal the complete picture, such as we have done here. Each specialty, each division of medicine, keeps their own records and data on morbidity and mortality like pieces of a puzzle. But the numbers and statistics were always hiding in plain sight. We have now completed the

painstaking work of reviewing thousands and thousands of studies. Finally putting the puzzle together we came up with some disturbing answers.

Is American Medicine Working?

At 14 percent of the Gross National Product, health care spending reached $1.6 trillion in 2003. (15) Considering this enormous expenditure, we should have the best medicine in the world. We should be reversing disease, preventing disease, and doing minimal harm. However, careful and objective review shows the opposite. Because of the extraordinary narrow context of medical technology through which contemporary medicine examines the human condition, we are completely missing the full picture.

Medicine is not taking into consideration the following monumentally important aspects of a healthy human organism:

(a) Stress and how it adversely affects the immune system and life processes

(b) Insufficient exercise

(c) Excessive caloric intake

(d) Highly processed and denatured foods grown in denatured and chemically damaged soil

(e) Exposure to tens of thousands of environmental toxins.

Instead of minimizing these disease-causing factors, we actually cause more illness through medical technology, diagnostic testing, overuse of medical and surgical procedures, and overuse of pharmaceutical drugs. The huge disservice of this therapeutic strategy is the result of little effort or money being appropriated for preventing disease.

Under-reporting of Iatrogenic Events

As few as 5 percent and only up to 20 percent of iatrogenic acts are ever reported. (16, 24, 25, 33,34) This implies that if medical errors were completely and accurately reported, we would have a much higher annual iatrogenic death rate than 783,936. Dr. Leape, in 1994, said his figure of 180,000 medical mistakes annually was equivalent to three jumbo-jet crashes every two days.16 Our report shows that six jumbo jets are falling out of the sky each

and every day.

Correcting a Compromised System

What we must deduce from this report is that medicine is in need of complete and total reform: from the curriculum in medical schools to protecting patients from excessive medical intervention. It is quite obvious that we can't change anything if we are not honest about what needs to be changed. This report simply shows the degree to which change is required.

We are fully aware that what stands in the way of change are powerful pharmaceutical companies, medical technology companies, and special interest groups with enormous vested interests in the business of medicine. They fund medical research, support medical schools and hospitals, and advertise in medical journals. With deep pockets they entice scientists and academics to support their efforts. Such funding can sway the balance of opinion from professional caution to uncritical acceptance of a new therapy or drug.

You only have to look at the number of invested people on hospital, medical, and government health advisory boards to see conflict of interest. The public is mostly unaware of these interlocking interests. For example, a 2003 study found that nearly half of medical school faculty, who serve on Institutional Review Boards (IRB) to advise on clinical trial research, also serve as consultants to the pharmaceutical industry. (17) The authors were concerned that such representation could cause potential conflicts of interest.

A news release by Dr. Erik Campbell, the lead author, said, "Our previous research with faculty has shown us that ties to industry can affect scientific behavior, leading to such things as trade secrecy and delays in publishing research. It's possible that similar relationships with companies could affect IRB members' activities and attitudes." (18)

Medical Ethics and Conflict of Interest in Scientific Medicine

Jonathan Quick, director of Essential Drugs and Medicines Policy for the World Health Organization (WHO) wrote

in a recent WHO Bulletin:

"If clinical trials become a commercial venture in which self-interest overrules public interest & desire overrules science, then the social contract which allows research on human subjects in return for medical advances is broken." (19)

Former editor of the New England Journal of Medicine (NEJM), Dr. Marcia Angell, struggled to bring the attention of the world to the problem of commercializing scientific research in her outgoing editorial titled "Is Academic

financial incentives for researchers. She said that growing conflicts of interest are tainting science.

She warned that, "When the boundaries between industry and academic medicine become as blurred as they are now, the business goals of industry influence the mission of medical schools in multiple ways." She did not discount the benefits of research but said a Faustian bargain now existed between medical schools and the pharmaceutical industry.

Angell left the NEMJ in June 2000. Two years later, in June 2002, the NEJM announced that it would now accept biased journalists (those who accept money from drug companies) because it is too difficult to find ones who have no ties. Another former editor of the journal, Dr. Jerome Kassirer, said that was just not the case, that there are plenty of researchers who don't work for drug companies. (21) The ABC report said that one measurable tie, between pharmaceutical companies and doctors, amounts to over $2 billion a year spent for over 314,000 events that doctors attend.

The ABC report also noted that a survey of clinical trials revealed that when a drug company funds a study, there is a 90 percent chance that the drug will be perceived as effective whereas a non-drug company-funded study will show favorable results 50 percent of the time.

It appears that money can't buy you love but it can buy you any "scientific" result you want.

The only safeguard to reporting these studies was if the journal writers remained unbiased. That is no longer the case.

Cynthia Crossen, writer for the Wall Street Journal in 1996, published "Tainted Truth: The Manipulation of Fact in America," a book about the widespread practice of lying with statistics. (22) Commenting on the state of scientific research she said that:

"The road to hell was paved with the flood of corporate research dollars that eagerly filled gaps left by slashed

government research funding."

Her data on financial involvement showed that in l981 the drug industry "gave" $292 million to colleges and universities for research. In l991 it "gave" $2.1 billion.

The First Iatrogenic Study

Dr. Lucian L. Leape opened medicine's Pandora's box in his 1994 JAMA paper, "Error in Medicine." (16) He began the paper by reminiscing about Florence Nightingale's maxim—"first do no harm." But he found evidence of the opposite happening in medicine. He found that Schimmel reported in 1964 that 20 percent of hospital patients suffered iatrogenic injury, with a 20 percent fatality rate. Steel in 1981 reported that 36 percent of hospitalized patients experienced Iatrogenesis with a 25 percent fatality rate and adverse drug reactions were involved in 50 percent of the injuries. Bedell in 1991 reported that 64 percent of acute heart attacks in one hospital were preventable and were mostly due to adverse drug reactions.

However, Leape focused on his and Brennan's "Harvard Medical Practice Study" published in 1991.16a They found that in 1984, in New York State, there was a 4 percent iatrogenic injury rate for patients with a 14 percent fatality rate. From the 98,609 patients injured and the 14 percent fatality rate, he estimated that in the whole of the United States 180,000 people die each year, partly as a result of iatrogenic injury. Leape compared these deaths to the equivalent of three jumbo-jet crashes every two days.

Why Leape chose to use the much lower figure of four percent injury for his analysis remains in question. Perhaps he wanted to tread lightly. If Leape had, instead, calculated the average rate among the three studies he cites (36 percent, 20 percent, and 4 percent), he would have come up with a 20 percent medical error rate. The number of fatalities that he could have presented, using an average rate of injury and his 14 percent fatality, is an annual 1,189,576 iatrogenic deaths, or over ten jumbo jets crashing every day.

Leape acknowledged that the literature on medical error is sparse and we are only seeing the tip of the iceberg. He said that when errors are specifically sought out, reported rates are "distressingly high." He cited several autopsy

studies with rates as high as 35 percent to 40 percent of missed diagnoses causing death. He also commented that an intensive care unit reported an average of 1.7 errors per day per patient, and 29 percent of those errors were potentially serious or fatal.

We wonder: what is the effect on someone who daily gets the wrong medication, the wrong dose, the wrong procedure; how do we measure the accumulated burden of injury; and when the patient finally succumbs after the tenth error that week, what is entered on the death certificate?

Leape calculated the rate of error in the intensive care unit. First, he found that each patient had an average of 178 "activities" (staff/procedure/medical interactions) a day, of which 1.7 were errors, which means a 1 percent failure rate. To some this may not seem like much, but putting this into perspective, Leape cited industry standards where in aviation a 0.1 percent failure rate would mean:

* Two unsafe plane landings per day at O'Hare airport
* In the U.S. mail, 16,000 pieces of lost mail every hour
* In banking, 32,000 bank checks deducted from the wrong bank account every hour

Analyzing why there is so much medical error Leape acknowledged the lack of reporting. Unlike a jumbo-jet crash, which gets instant media coverage, hospital errors are spread out over the country in thousands of different locations. They are also perceived as isolated and unusual events. However, the most important reason that medical error is unrecognized and growing, according to Leape, was, and still is, that doctors and nurses are unequipped to deal with human error, due to the culture of medical training and practice.

Doctors are taught that mistakes are unacceptable. Medical mistakes are therefore viewed as a failure of character and any error equals negligence. We can see how a great deal of sweeping under the rug takes place since nobody is taught what to do when medical error does occur. Leape cited McIntyre and Popper who said the "infallibility model" of medicine leads to intellectual dishonesty with a need to cover up mistakes rather than admit

them. There are no Grand Rounds on medical errors, no sharing of failures among doctors and no one to support them emotionally when their error harms a patient. Leape hoped his paper would encourage medicine "to fundamentally change the way they think about errors and why they occur." It's been almost a decade since this groundbreaking work, but the mistakes continue to soar.

One year later, in 1995, a report in JAMA said that:

"Over a million patients are injured in U.S. hospitals each year, and approximately 280,000 die annually as a result of these injuries. Therefore, the iatrogenic death rate dwarfs the annual automobile accident mortality rate of 45,000 and accounts for more deaths than all other accidents combined." (23)

At a press conference in 1997 Dr. Leape released a nationwide poll on patient Iatrogenesis conducted by the National Patient Safety Foundation (NPSF), which is sponsored by the American Medical Association. The survey found that more than 100 million Americans have been impacted directly and indirectly by a medical mistake. Forty-two percent were directly affected and a total of 84 percent personally knew of someone who had experienced a medical mistake. (14) Dr. Leape is a founding member of the NPSF.

Dr. Leape at this press conference also updated his 1994 statistics saying that medical errors in inpatient hospital settings nationwide, as of 1997, could be as high as 3 million and could cost as much as $200 billion. Leape used a 14 percent fatality rate to determine a medical error death rate of 180,000 in 1994. (16) In 1997, using Leape's base number of 3 million errors, the annual deaths could be as much as 420,000 for inpatients alone. This does not include nursing home deaths, or people in the outpatient community dying of drug side effects or as the result of medical procedures.

Only a Fraction of Medical Errors are Reported

Leape, in 1994, said that he was well aware that medical errors were not being reported. (16) According to a study in two obstetrical units in the U.K., only about one quarter of the adverse incidents on the units are ever reported for reasons of protecting staff or preserving reputations, or fear of reprisals, including law suits. (24) An analysis by

Wald and Shojania found that only 1.5 percent of all adverse events result in an incident report, and only 6 percent of adverse drug events are identified properly.

The authors learned that the American College of Surgeons gives a very broad guess that surgical incident reports routinely capture only 5 percent to 30 percent of adverse events. In one surgical study only 20 percent of surgical complications resulted in discussion at Morbidity and Mortality Rounds.25 From these studies it appears that all the statistics that are gathered may be substantially underestimating the number of adverse drug and medical therapy incidents. It also underscores the fact that our mortality statistics are actually conservative figures.

An article in Psychiatric Times outlines the stakes involved with reporting medical errors. (26) They found that the public is fearful of suffering a fatal medical error, and doctors are afraid they will be sued if they report an error. This brings up the obvious question: who is reporting medical errors? Usually it is the patient or the patient's surviving family. If no one notices the error, it is never reported. Janet Heinrich, an associate director at the U.S. General Accounting Office responsible for health financing and public health issues, testifying before a House subcommittee about medical errors, said that: "The full magnitude of their threat to the American public is unknown." She added, "Gathering valid and useful information about adverse events is extremely difficult."

She acknowledged that the fear of being blamed, and the potential for legal liability, played key roles in the under-reporting of errors. The Psychiatric Times noted that the American Medical Association is strongly opposed to mandatory reporting of medical errors.26 If doctors aren't reporting, what about nurses? In a survey of nurses, they also did not report medical mistakes for fear of retaliation. (27)

Standard medical pharmacology texts admit that relatively few doctors ever report adverse drug reactions to the FDA. (28) The reasons range from not knowing such a reporting system exists to fear of being sued because they prescribed a drug that caused harm. (29)However, it is this tremendously flawed system of voluntary reporting from doctors that we depend on to know whether a drug or a medical intervention is harmful.

Pharmacology texts will also tell doctors how hard it is to separate drug side effects from disease symptoms. Treatment failure is most often attributed to the disease and not the drug or the doctor. Doctors are warned, "Probably nowhere else in professional life are mistakes so easily hidden, even from ourselves." (30) It may be hard to accept, but not difficult to understand, why only one in twenty side effects is reported to either hospital administrators or the FDA. (31,31a)

If hospitals admitted to the actual number of errors and mistakes, which is about 20 times what is reported, they would come under intense scrutiny. (32) Jerry Phillips, associate director of the Office of Post Marketing Drug Risk Assessment at the FDA, confirms this number. "In the broader area of adverse drug reaction data, the 250,000 reports received annually probably represent only 5 percent of the actual reactions that occur." (33) Dr. Jay Cohen, who has extensively researched adverse drug reactions, comments that because only 5 percent of adverse drug reactions are being reported, there are, in reality, 5 million medication reactions each year. (34)

It remains that whatever figure you choose to believe about the side effects from drugs, all the experts agree that you have to multiply that by 20 to get a more accurate estimate of what is really occurring in the burgeoning "field" of iatrogenic medicine.

A 2003 survey is all the more distressing because there seems to be no improvement in error reporting even with all the attention on this topic. Dr. Dorothea Wild surveyed medical residents at a community hospital in Connecticut. She found that only half of the residents were aware that the hospital had a medical error-reporting system, and the vast majority didn't use it at all. Dr. Wild says this does not bode well for the future. If doctors don't learn error reporting in their training, they will never use it. And she adds that error reporting is the first step in finding out where the gaps in the medical system are and fixing them. That first baby step has not even begun. (35)

Public Suggestions on Iatrogenesis

In a telephone survey, 1,207 adults were asked to indicate how effective they thought the following would be in reducing preventable medical errors that resulted in serious harm: (36)

* Giving doctors more time to spend with patients: very effective 78 percent
* Requiring hospitals to develop systems to avoid medical errors: very effective 74 percent
* Better training of health professionals: very effective 73 percent
* Using only doctors specially trained in intensive care medicine on intensive care units: very effective 73 percent
* Requiring hospitals to report all serious medical errors to a state agency: very effective 71 percent
* Increasing the number of hospital nurses: very effective 69 percent
* Reducing the work hours of doctors-in-training to avoid fatigue: very effective 66 percent
* Encouraging hospitals to voluntarily report serious medical errors to a state agency: very effective 62 percent

http://www.ourcivilisation.com/medicine/usamed.htm

Tabacco: Have you ever heard before of the American Iatrogenic Association (AIA)? Neither had I.

The American Iatrogenic Association is devoted to the study and reporting of medical errors that lead to disease and death.

In 2000, a presidential task force labeled medical errors a "national problem of epidemic proportions." Members

estimated that the "cost associated with these errors in lost income, disability, and health care costs is as much as $29 billion annually." That same year the Institute of Medicine released an historic report, "To err is human: building a safer health system." The report's authors concluded that 44,000 to 98,000 people die each year as a result of errors during hospitalization. They noted that "even when using the lower estimate, deaths due to medical errors exceed the number attributable to the 8th-leading cause of death". The addition of non-hospital errors may drive the numbers of errors and deaths much higher. As the authors note, the hospital data "offer only a very modest estimate of the magnitude of the problem since hospital patients represent only a small proportion of the total population at risk, and direct hospital costs are only a fraction of total costs."

Medical errors are the not only way that consumers are harmed. The Centers for Disease Control and Prevention estimates that 2 million people annually acquire infections while hospitalized and 90,000 people die from those infections. More than 70 percent of hospital-acquired infections have become resistant to at least one of the drugs commonly used to treat them, largely due to the overprescribing of antibiotics by physicians. Staph, the leading cause of hospital infections, is now resistant to 95 percent of first-choice antibiotics and 30 percent of second-choice antibiotics. Poor staff hygiene is considered the leading source for infections acquired during hospitalizations. But efforts to get medical workers to improve safety through things as simple as better and more frequent hand washing have met with little success.

There is much disagreement as to what constitutes iatrogenic illness.

For decades, peptic ulcers were said to be caused by an emotional disorder, which prevented afflicted people from managing "stress." Physicians instructed many

people with ulcers to change their lifestyles and, in some cases, to take anti-anxiety medications. In recent years researchers determined that most peptic ulcers were caused by a bacteria, treatable with antibiotics.

Were the adverse emotional and treatment consequences of misdiagnosing ulcers as a psychiatric illness iatrogenic? Similarly, for many years epilepsy was said by medical experts to be evidence of pathological criminality. Epileptics were imprisoned in "colonies," to isolate them from the general population. Were the obviously damaging effects of this "treatment" iatrogenic?

Are the present large-scale drugging of children (mostly boys), diagnosed with "Attention Deficit Hyperactive Disorder", and the former "treatment" of homosexuals with electroconvulsive therapy (shock treatment), insulin coma, and lobotomy examples of

iatrogenic disease?

Most physicians would say they are not, yet the harm resulting from these erroneous diagnoses and severe "treatments" are no less damaging for the people who suffered them.

AIA casts a bright light on this debate, opening up medicine's murky side to public scrutiny and offering help to its victims. Our new web site will accomplish this in various and evolving ways, including:

* the publishing of articles, essays, studies, book excerpts
* making recommendations that will protect you from iatrogenic illness
* publishing data on the risks of various medical procedures
* investigating ways that an iatrogenically harmed person might be made well and, when appropriate, compensated for his or her disability and suffering
* legal referrals
* offering proposals for political and social changes that reduce iatrogenic risk and hold perpetrators accountable
* an opportunity for iatrogenic victims to share their experiences with our readers

The site invites the participation of medical, legal, and political specialists, but it is designed for the general public and to be as free of obfuscatory medical jargon as possible.

If you agree with the objectives of the AIA you can help by making a donation.

Please note that donations to the American Iatrogenic Association are not tax-deductible.

Nicolas S. Martin, Executive Director

This site contains some files in the Acrobat (pdf) format. The free Reader necessary to read these files can be

downloaded here.

Our e-mail address: aia@iatrogenic.org

www.iatrogenic.org

Table Of Iatrogenic Deaths In The United States

(Deaths induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures)

Condition	Deaths	Cost	Author
Adverse Drug Reactions	106,000	$12 billion	Lazarou (1) Suh (49)
Medical error	98,000	$2 billion	IOM (6)
Bedsores	115,000	$55 billion	Xakellis (7) Barczak (8)
Infection	88,000	$5 billion	Weinstein (9) MMWR (10)
Malnutrition	108,800	--------	Nurses Coalition (11)
Outpatients	199,000	$77 billion	Starfield (12) Weingart (112)
Unnecessary Procedures	37,136	$122 billion	HCUP(3, 13)
Surgery-Related	32,000	$9 billion	AHRQ(85)
TOTAL	**783,936**	**$282 billion**	
We could have an even higher death rate by using Dr. Lucien Leape's 1997 medical and drug error rate of 3 million. (14) Multiplied by the fatality rate of 14 percent (that Leape used in 1994 (16) we arrive at an annual death rate of 420,000 for drug errors and medical errors combined. If we put this number in place of Lazorou's 106,000 drug errors and the Institute of Medicine's (IOM) 98,000 medical errors, we could add another 216,000 deaths making a total of 999,936 deaths annually.			
ADR/med error	420,000	$200 billion	Leape 1997(14)
TOTAL	**999,936**		

Annual Unnecessary Medical Events		
Unnecessary Events	**People Affected**	**Iatrogenic Events**
Hospitalization	8.9 million(4)	1.78 million(16)
Procedures	7.5 million(3)	1.3 million(40)
TOTAL	**16.4 million**	**3.08 million**

The enumerating of unnecessary medical events is very important in our analysis. Any medical procedure that is invasive and not necessary must be considered as part of the larger iatrogenic picture. Unfortunately, cause and effect go unmonitored. The figures on unnecessary events represent people ("patients") who are thrust into a dangerous health care system. They are helpless victims. Each one of these 16.4 million lives is being affected in a way that could have a fatal consequence. Simply entering a hospital could result in the following (out of 16. 4 million people):

* 2.1 percent chance of a serious adverse drug reaction (186,000) (1)
* 5 percent to 6 percent chance of acquiring a nosocomial [hospital] infection (489,500) (9)
* 4 percent to 36 percent chance of having an iatrogenic injury in hospital (medical error and adverse drug reactions) (1.78 million) (16)
* 17 percent chance of a procedure error (1.3 million) (40)

All the statistics above represent a one-year time span. Imagine the numbers over a 10-year period. Working with the most conservative figures from our statistics we project the following 10-year death rates.

Projected Ten-Year Death Rates For Medical Intervention	
Condition	**10-Year Deaths**
Adverse Drug Reaction	1.06 million
Medical error	0.98 million
Bedsores	1.15 million
Nosocomial Infection	0.88 million
Malnutrition	1.09 million
Outpatients	1.99 million
Unnecessary Procedures	371,360
Surgery-related	320,000
TOTAL	**7,841,360 (7.8 million)**

Our projected statistic of 7.8 million iatrogenic deaths is more than all the casualties from wars that America has fought in its entire history.

Our projected figures for unnecessary medical events occurring over a 10-year period are also dramatic.

Projected Ten-Year Statistics For Unnecessary Intervention		
Unnecessary Events	**10-Year Number**	**Iatrogenic Events**
Hospitalization	89 million	17 million
Procedures	75 million	13 million
TOTAL	**164 million**	**30 million**

These projected figures show that a total of 164 million people, approximately 56 percent of the population of the United States, have been treated unnecessarily by the medical industry—in other words, nearly 50,000 people per day.

http://www.ourcivilisation.com/medicine/usamed/deaths.htm

Now let's take a look at another group of charts on the subject of Death:

http://www.the-eggman.com/writings/death_stats.html

Leading Causes of Death in the United States

Note: In the yellow row, "Total Number of Deaths," the percentages answer the question, "Of the total number of deaths for all ages in the United States, what percent was attributed to each age group."

In the white rows, percentages answer the question, "Of the total number of deaths for all ages in each 'Cause of Death,' what percentage was attributed to each age group."

Cause of Death/Age Range	All Ages		Under 1 Yr		1-4 yrs		5-14yrs		15-24 yrs		25-34		35-44	
Total Number of Deaths	2,403,351	100%	28,035	1.2%	4,979	0.2%	7,413	0.3%	3,1307	1.3%	40,451	1.7%	89,798	3.7%
Major Cardiovasular Diseases	936,923	39.0%	636	2.3%	234	4.7%	362	4.9%	1,309	4.2%	3792	9.4%	16,624	18.5%
Malignant Neoplasms	553,091	23.0%	92	0.3%	420	8.4%	1,014	13.7%	1713	5.5%	3916	9.7%	16,520	18.4%
Chronic Lower Resperitory Dis.	122,009	5.1%	36	0.1%	51	1.0%	139	1.9%	190	0.6%	296	0.7%	930	1.0%
Diabetes Mellitus	69,301	2.9%	4	0.0%	6	0.1%	26	0.4%	162	0.5%	623	1.5%	1,926	2.1%
Influenza and Pneumonia	65,313	2.7%	289	1.0%	103	2.1%	87	1.2%	189	0.6%	364	0.9%	1,068	1.2%
Alzheimers	49,558	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.0%	6	0.0%
Motor Vehicle Accidents	43,354	1.8%	168	0.6%	651	13.1%	1,772	23.9%	10,560	33.7%	6,884	17.0%	6,927	7.7%
Renal Failure	3,6471	1.5%	152	0.5%	11	0.2%	19	0.3%	78	0.2%	221	0.5%	701	0.8%
Septicemia	3,1224	1.3%	274	1.0%	99	2.0%	63	0.8%	100	0.3%	280	0.7%	877	1.0%
Firearms	28,663	1.2%	13	0.0%	46	0.9%	377	5.1%	6,575	21.0%	5,789	14.3%	,5358	6.0%

NOTE: Firearms Statistics Include Gang Warfare, Self Defense Shootings and Criminals Killed by Police

Cause of Death/Age Range	45-54		55-64		65-74		75-84		85 and over		Not stated	
Total Number of Deaths	160,341	6.7%	240,846	10.0%	441,209	18.4%	700,445	29.1%	658,171	27.4%	356	0.0%
Major Cardiovasular Diseases	43,583	27.2%	77,482	32.2%	156,187	35.4%	296,202	42.3%	340,450	51.7%	62	17.4%
Malignant Neoplasms	48,034	30.0%	89,005	37.0%	150,131	34.0%	165,009	23.6%	77,136	11.7%	11	3.1%
Chronic Lower Resperitory Dis.	3,251	2.0%	10,739	4.5%	31,157	7.1%	47,722	6.8%	27,496	4.2%	2	0.6%
Diabetes Mellitus	4,954	3.1%	9,186	3.8%	1,6674	3.8%	22,184	3.2%	13,556	2.1%	0	0.0%
Influenza and Pneumonia	1,774	1.1%	2,879	1.2%	7,189	1.6%	19,821	2.8%	31,547	4.8%	3	0.8%
Alzheimers	64	0.0%	491	0.2%	3,431	0.8%	17,253	2.5%	28,309	4.3%	2	0.6%
Motor Vehicle Accidents	5,361	3.3%	3,506	1.5%	3,038	0.7%	3,173	0.5%	1,288	0.2%	26	7.3%
Renal Failure	1,590	1.0%	3,023	1.3%	6,848	1.6%	12,223	1.7%	11,603	1.8%	2	0.6%
Septicemia	1,845	1.2%	2,899	1.2%	8,704	2.0%	9,938	1.4%	9,144	1.4%	1	0.3%
Firearms	3,951	2.5%	2,272	0.9%	1,941	0.4%	1,723	0.2%	600	0.1%	18	5.1%

Leading Causes of *Accidental* Death in the United States

Note: In the yellow row, "Total Number of Deaths," the percentages answer the question, "Of the total number of deaths for all ages in the United States, what percent was attributed to each age group."

In the white rows, percentages answer the question, "Of the total number of deaths for all ages in each 'Cause of Death, ' what percentage was attributed to each age group."

Cause of Death/Age Range	All Ages		Under 1 Yr		1-4 yrs		5-14yrs		15-24 yrs		25-34		35-44	
Total Number of Deaths	97,900	100%	881	0.9%	1,826	1.9%	2,979	3.0%	14,113	14.4%	11,769	12.0%	15,413	15.7%
Motor Vehicle	43,354	44.3%	168	19.1%	651	35.7%	1,772	59.5%	10,560	74.8%	6,884	58.5%	6,927	44.9%
Unspecified nontransport accid'ts	17,437	17.8%	572	64.9%	266	14.6%	267	9.0%	648	4.6%	895	7.6%	1446	9.4%
Falls	13,322	13.6%	8	0.9%	36	2.0%	37	1.2%	237	1.7%	303	2.6%	608	3.9%
Poisoning and Noxious Subst's	12,757	13.0%	14	1.6%	32	1.8%	45	1.5%	1,160	8.2%	2,380	20.2%	4,663	30.3%
Drowning	3,842	3.9%	75	8.5%	493	27.0%	375	12.6%	646	4.6%	419	3.6%	480	3.1%
Exposure to Smoke, Fire, Flames	3,377	3.4%	37	4.2%	290	15.9%	266	8.9%	192	1.4%	241	2.0%	402	2.6%
Other Land Transport Accidents	1,492	1.5%	2	0.2%	31	1.7%	98	3.3%	243	1.7%	212	1.8%	317	2.1%
Complications of Med/Surg Care	3,059	3.1%	19	2.2%	22	1.2%	31	1.0%	32	0.2%	85	0.7%	149	1.0%
Accidental Discharge of Firearms	776	0.8%	1	0.1%	18	1.0%	67	2.2%	202	1.4%	131	1.1%	153	1.0%

Cause of Death/Age Range	45-54		55-64		65-74		75-84		85 and over		Not stated	
Total Number of Deaths	12,278	12.5%	7,505	7.7%	7,698	7.9%	11,758	12.0%	11,595	0.5%	85	0.1%
Motor Vehicle	5,361	43.7%	3,506	46.7%	3,038	39.5%	3,173	27.0%	1,288	11.1%	26	30.6%
Unspecified accidents	1,510	12.3%	1,349	18.0%	1,824	23.7%	3,678	31.3%	4,966	42.8%	16	18.8%
Falls	871	7.1%	949	12.6%	1,660	21.6%	3,841	32.7%	4,772	41.2%	0	0.0%
Poisoning and Noxious Subst's	3,061	24.9%	688	9.2%	278	3.6%	245	2.1%	184	1.6%	7	8.2%
Drowning	354	2.9%	217	2.9%	179	2.3%	156	1.3%	64	0.6%	24	28.2%
Exposure to Smoke, Fire, Flames	439	3.6%	369	4.9%	401	5.2%	472	4.0%	263	2.3%	5	5.9%
Other Land Transport Accidents	234	1.9%	122	1.6%	100	1.3%	91	0.8%	35	0.3%	7	8.2%
Complications of Med/Surg Care	295	2.4%	376	5.0%	647	8.4%	825	7.0%	578	5.0%	0	0.0%
Accidental Discharge of Firearms	78	0.6%	50	0.7%	41	0.5%	24	0.2%	11	0.1%	0	0.0%

http://www.the-eggman.com/writings/death_stats.html

Tabacco: Did you notice anything unusual? Did you notice any relevant category omitted from the last 4 charts? Why do you think that is?

Maybe that's why most of my Readers, most of America has not heard the terms "iatrogenic", "Iatrogenesis" or "AIA – American Iatrogenic Association. Anyone can look up the terms. I have provided my sources. Why can't the MSM (Mainstream Media) look them up and report on it? Answer: Because the AMA, like the Israel lobby, is so strong that MSM dare not report negatively on their acts. And if someone does report on Iatrogenic FAQs, who has a much larger audience than Tabacco, the same fate will befall him, as is Jimmy Carter's lot for writing a tome, exposing the Israeli deceits and hypocrisies – Marginalization & Virulent Ad Hominem Attacks!

The "Powers That Be" have several Primary Deceptions, which they exploit because of the ignorance and Myopia of the general population:

Secrecy

Disinformation

Marginalization

Ad Hominem Attacks

Denial

Repetition of Talking Points

Threat of & Use of Boycott

Complete & Utter Silence & Disregard,

Ignoring the Issue

One of the Byproducts of "Democratic Capitalism" is Political Correctness in which

THE TRUTH DARE

NOT SPEAK

ITS NAME!

Tabacco: I consider myself both a funnel and a filter. I funnel information, not readily available on the Mass Media, which is ignored and/or suppressed. I filter out the irrelevancies and trivialities to save both the time and effort of my Readers and bring consternation to the enemies of Truth & Fairness! When you read Tabacco, if you don't learn something NEW, I've wasted your time.

In 1981's 'Body Heat', Kathleen Turner said, "Knowledge is power".

T.A.B.A.C.C.O. (Truth About Business And Congressional Crimes Organization)

tags: knowledge is power takebackamerica business boycott misdiagnosis hospitals doctors politics religion quasicon bush richvspoor political corruption medicine death malpractice health accident disinformation secrecy ama peptic ulcers aids aia political

comments